

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2729AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/03/2009
NAME OF PROVIDER OR SUPPLIER AEGIS OF LAS VEGAS		STREET ADDRESS, CITY, STATE, ZIP CODE 9100 W DESERT INN RD LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 27364 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/03/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 72 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 64. Fifteen resident files were reviewed and 15 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by:	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 Surveyor: 27364 Based on record review on 11/3/09, the facility failed to ensure 1 of 15 Employees complied with NAC 441A.375 regarding tuberculosis testing (Employee #6) for the protection of all residents. This was a repeat deficiency from the 12/24/09 State Licensure survey. Severity: 2 Scope: 3	Y 103		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 11/3/09, the facility failed to ensure 2 of 15 employees had current, at least once every 5 years, criminal history background checks completed (Employee #12 and #15) and 1 of 15 of employees (Employee #10) had evidence of a state background check. This was a repeat deficiency from the 12/24/08 State Licensure survey. Severity: 2 Scope: 1	Y 105		
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446	Y 255		

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Y 255	<p>Continued From page 2</p> <p>NAC 449.217</p> <p>6. A residential facility with more than 10 residents must:</p> <p>(a) Comply with the standards prescribed in chapter 446 of NAC.</p> <p>(b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 11/3/09, the facility failed to comply with the standards prescribed in chapter 446 of the NAC. The facility failed to ensure the following:</p> <ul style="list-style-type: none"> - Maintaining the proper temperature in the refrigerators in the A and C wings; <40 degrees Fahrenheit. - The proper thawing of poultry. - Proper storage of eggs, they were observed above ready to eat food in the walk in refrigerator. - Sanitizer was not placed next to thawing chicken. - A pitcher used for personal beverages was not on the cook's line. - Proper handwashing techniques. Employees must wash their hands with warm water and soap and dry with paper towels anytime hands are potentially contaminated. Employees were observed handling 	Y 255		

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Y 255	Continued From page 3 soiled dishes then clean dishes. Employees were also washing their hands in the 3 compartment sink then drying their hands on their aprons. - Chicken was thawed under running water. Chicken was observed thawing in standing water - Proper scoop with handles was available for use in the flour container. Plastic cups were observed as substitutes for scoops - That the microwaves and refrigerators in all three neighborhoods were commercial grade. Replace all non-commercial equipment with NSF certified equipment. Refrigerators in A & C wings were >40 degrees at 50 Fahrenheit. - Automated paper towel dispensers were maintained in proper working order. Severity: 2 Scope:3	Y 255			
Y 393 SS=E	449.226(4)(a)-(c) Safety Requirements NAC 449.226 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff	Y 393			

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